



The Impact of Welfare Reform in Scotland - Tracking Study - Sweep 3 report



EQUALITY, POVERTY AND SOCIAL SECURITY



THE IMPACT OF WELFARE REFORM IN SCOTLAND – TRACKING STUDY

Sweep 3 report to the Scottish Government

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Contents

ACKNOWLEDGEMENTS	iii
GLOSSARY	iv
EXECUTIVE SUMMARY	v
1. INTRODUCTION	1
Background and research objectives	1
Policy and economic context	2
Structure of the Report	5
2. METHODOLOGY AND DATA	7
Methodology	7
Sample characteristics.....	8
3. THE IMPACT OF WELFARE REFORM	11
The immediate impact of change	11
The ongoing impact of change	15
Expectations of, and attitudes towards, future change.....	19
4. THE ROLE OF SUPPORT IN MITIGATING WELFARE REFORM IMPACTS	24
Accessing help and support	24
General issues.....	39
5. CONCLUSIONS	45
Key findings and policy implications	45
The next stage of the study	55
REFERENCES	56

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GLOSSARY

Acronym	Term
DHP	Discretionary Housing Payment
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
HMRC	Her Majesty's Revenue and Customs
JSA	Jobseeker's Allowance
LHA	Local Housing Allowance
PIP	Personal Independence Payment
WRAG	Work Related Activity Group

EXECUTIVE SUMMARY

The aim of the study is to explore the impact of ongoing welfare changes on a range of households in Scotland. The study consists of six interview sweeps over a three year period (2013-16) and is being carried out by the Employment Research Institute at Edinburgh Napier University and the University of Stirling. This report covers findings up to sweep 3.

The study uses a longitudinal qualitative methodology to explore participants' perspectives on how welfare reform affects them, and to follow their experiences over time. The study draws on the real life experiences of those in receipt of benefits to provide rich, in-depth insights into the impact of welfare reform. Forty-three individuals took part in Sweep 1 of the study, thirty-five in Sweep 2, and twenty-eight in Sweep 3. The sample design sought to represent the experiences of benefit recipients across a range of locations and socio-demographic characteristics, including lone parent and low income families, disabled claimants, and those in rural areas.

Interviews in Sweep 3 updated the information collected in previous sweeps, and also included an in-depth module of questions about the way in which services, organisations and individuals support those claiming benefits.

Issues encountered in dealing with the benefits system

When filling in forms, it was not always clear to respondents what information was being sought, and most had felt the need to seek some clarification on this.

Respondents applying for disability benefits also reported the difficulty of presenting themselves in a negative light – emphasising everything they could not do – for the purposes of applying for benefits. This negativity undermined their own attempts to be positive and see themselves as capable.

Policy implications: Forms should be reviewed by a panel of applicants, in order to test the accessibility of the language, clarity of the requirements, and the appropriateness of the questions.

Supporting information should be provided alongside forms, or at least clearly signposted, rather than left to the applicant to obtain for themselves.

Some respondents felt that their ESA assessment did not adequately capture the impact of their health condition or disability on their ability to work. In particular, it was felt that the impact of 'hidden' or fluctuating conditions was not adequately understood and captured in the process. For example, whether a person can carry out a particular activity may depend on how their condition is affecting them at that particular time; therefore a simple 'yes or no' question is not an appropriate way to elicit information about the impact of their

condition. These experiences with ESA meant that respondents were similarly concerned about the ability of the new PIP assessment to capture the impact of their condition on their daily lives.

Policy implications: Reflexivity and responsiveness to feedback from claimants regarding the appropriateness of the assessment criteria and process should be built into the disability benefit system.

Consideration needs to be given to the suitability of polar questions in capturing the effects of fluctuating conditions.

Respondents generally could not understand the need to be subjected to repeat assessments for disability benefits in cases where their situation would not improve.

Policy implications: Repeat assessments should be limited only to those whose condition is expected to improve. Even for those in this category, frequency of assessment should be balanced against the cognitive and emotional toll of assessment on respondents.

Official errors and long delays in awaiting decisions or progress with cases caused substantial financial and emotional upset for affected respondents. Poor communication from benefits agencies about benefit decisions and changes also caused stress and uncertainty for respondents. These have been consistent themes throughout the study.

Policy implications: Mistakes should be minimised, but are inevitable to some extent; so how the relevant agencies respond to these situations is important. Their response needs to be efficient, and should give claimants a reasonable benefit of the doubt. In the event of a dispute, assumption of liability should be with the state until the matter is resolved, and there should be an interim payment in place. All systems should be regularly reviewed to ensure that they are performing as efficiently and accurately as possible and continuous improvement in efficiency and accuracy sought.

There is a need for much improved official communication about benefits and benefit changes, not only by DWP, but also by Local Authorities regarding issues such as council tax.

Respondents (in particular lone parents and those in the ESA Work Related Activity Group) reported increased pressure to seek work as a result of changes to benefit conditionality, but no improvement in the support available to them to move into work. Jobcentres were described as places of conflict rather than help, and the Work Programme was often not found to be particularly helpful by those participating in it. Respondents reported feeling either written off or pushed into unsuitable jobs, while their own skills, interests and constraints were given little consideration.

Policy implications: The primary purpose of Jobcentre Plus should be to provide meaningful support rather than enforcing conditionality. At present this support role can be in conflict with its enforcement role. The Work Programme also needs to be reassessed, especially for disabled people.

Respondents' perception of the application process for benefits was that they felt inherently under suspicion. Those who had been refused a benefit, or accused of not trying hard enough to find work, felt insulted by the implication that they were lazy, or lying about the nature of their condition or their attempts to find work. This was upsetting and sometimes damaging to their self-esteem.

Policy implications: The application and appeals process should encourage the building of trust between applicants and officials, and should be founded more on the assumption that the applicant is genuinely in need.

Financial insecurity and its impact on well-being

Around half the sample had experienced a change to their benefits since the previous sweep. In most cases, issues caused by these changes had been resolved and had resulted in only temporary upheaval.

For some respondents, issues reported in earlier interviews remained unresolved, such as ongoing disputes over benefit entitlement and overpayment demands. This long time span compounded the negative impact that the situation had on the financial and emotional well-being of those affected.

Respondents who had moved into work reported increased well-being and a slightly improved financial situation, but continued to face difficulties.

Whether in or out of work, participants found it difficult to meet basic household needs with the income provided by benefits, or by a wage supplemented by tax credits. Even temporary difficulties had significant impacts as they occurred within a context of considerable income insecurity for the individuals concerned.

Policy implications: It should be acknowledged that applicants might have few resources to fall back on, and that even a temporary loss of benefit could have a substantial negative impact. This demonstrates the importance of recourse to crisis funds, and access to support and advice to help manage change and adjust to new situations.

Respondents felt an underlying sense of precariousness and worried about any stability becoming undermined by a job loss, changing benefit criteria, or a change in household circumstances, causing them a great deal of stress and

anxiety. There is a great deal of mistrust in the system and fear of future change.

Policy implications: Upheaval in the form of changes to the system should be minimised. Language and policy rhetoric should be carefully considered, as it may affect the degree of fear and uncertainty with which change is viewed by those affected.

Carers reported little change in their situation over the three study sweeps. All articulated a similar sense of feeling devalued, and stuck on a low income, unable to work but only entitled to a small amount of financial support.

Policy implications: The amount payable to carers does not adequately value the work that they do, nor acknowledge their constraints on taking paid employment, and should therefore be increased.

The use of external source of help and advice by respondents

Respondents accessed a range of sources of support, for a number of different reasons. Respondents sought advice and help with paperwork and procedures at certain key junctures, such as applying for benefits, and in the event of wishing to appeal against a decision.

Respondents appreciated the way in which support services could ease the burden of these demanding processes, and help them to understand what was required. Some respondents also had a representative with them in situations such as appeal tribunals, and felt that this increased their chances of a successful outcome.

Advice services are offered by a number of different types of organisation, including general advice services such as local authority or housing association welfare rights services, Citizens Advice Bureaux (CAB), and through specialist Third Sector Organisations (TSOs). Of these, local authorities and TSOs were found to have been generally well-informed and helpful. Experiences among our interviewees of the services provided by CAB were more mixed, with some respondents finding the service to be under-resourced and not always of satisfactory quality.

Policy implications: The findings of this study demonstrate a range of situations in which people might seek advice. It also shows that there is no ideal or 'one stop shop' solution; advice needs to come from a range of services. It should be considered how services that are currently perceived as not operating effectively can be improved. This is particularly important for CABs which form a large part of the support infrastructure.

Some sources of support were more trusted than others. Some respondents were afraid to ask for advice in case it triggered some change in the benefits

they received. For this reason, more ‘official’ sources such as Jobcentre Plus or government telephone helplines were not always trusted by respondents. However, trust was not determined solely by the type of source of advice; it also came from a perception of competence and accuracy.

Respondents generally sought advice when prompted to do so by some change or event; they were unlikely to seek proactive advice about entitlements.

Policy implication: As well as providing a reactive service, a comprehensive advice service should have a proactive element – including efforts to raise awareness both of entitlements and sources of help.

Respondents were not always aware of advice services, or of benefit entitlements and ongoing changes to these.

Policy implications: Different ways of advertising services and entitlements should be considered; different media, different types of places and services, public and private venues, etc. Robust referral arrangements with advice services should be in place across the public service landscape. Signposting should also be part of the responsibility of those imposing any changes to benefits.

Respondents’ experiences with advice services have suggested some characteristics of good quality advice; namely that it is available quickly and that the information is accurate and complete. Respondents also favoured continuity in terms of having access to the same adviser until their situation was resolved.

Policy implications: These findings can help to identify best practice for those providing advice, and what is important to get right. Advice should be timely and accurate, provided by well-trained and approachable staff, with whom users can have some continuity where this is beneficial to them. This quality element is key to the service being helpful. Not all providers are sufficiently competent and well-resourced to provide this high quality service.

Some respondents chose to access advice services in person, while others appreciated the availability of help that was provided online or over the telephone. Not all forms of help were physically accessible to all. Those with disabilities or those in rural areas could not necessarily access support services in person. Others were unable to access information provided online because they did not have the confidence or IT literacy to access information in this way, or because their disability prevented them from doing so.

Policy implications: Best practice is to provide support in multiple formats – in person, by telephone, on paper and online – in order to reach those who may not be able to access one or more of these formats. Online information can provide a useful source of support, but it cannot replace other delivery modes completely.

Health and social care professionals played a key role in accessing benefits for many respondents, alerting them to potential entitlements, and supporting the application process, in particular through the provision of specialist information. GPs also play an important role in providing and co-ordinating relevant information with regard to disability benefit applications. However, there was some variation in the extent to which respondents reported these professionals to be well-informed and helpful in this regard.

Policy implications: There should be more joined-up practice between health, social care and welfare services. Health and social care professionals need not be experts, but should at least be aware of the kind of support that people might be entitled to, and referral mechanisms between health and social care and advice services should be established. It is also necessary to recognise and support the role of GPs in providing necessary signposting and information to support an application for disability benefits.

Local representatives such as MPs, MSPs and councillors also played an advocacy role for some respondents, in pursuing and escalating issues. However, one respondent reported that their MP had been uninterested in their issue, and another reported some discomfort with approaching an MP who was not from their preferred political party, suggesting some limitations to the use of representatives in this way.

Policy implications: For some people, the ability to raise or escalate issues may not be fully met by local political representatives. Fair and supportive independent advocacy and appeal processes are important.

1. INTRODUCTION

- The aim of the study is to explore the impact of ongoing welfare changes on a range of household in Scotland over a three year period, with two interviews per year. This report covers the third sweep of interviews.
- Chapter 1 outlines the objectives of the study and sets out the policy and economic context in which the third sweep of data collection took place.
- Changes in policy since the previous report, as well as scheduled and proposed future changes, are briefly outlined.
- The chapter also presents some key statistics around claimant numbers and economic conditions.

Background and research objectives

- 1.1. The aim of the study is to explore the impact of ongoing welfare changes on a range of households in Scotland over a three year period (2013-16). The study is being carried out for the Scottish Government by the Employment Research Institute at Edinburgh Napier University and the University of Stirling. This is the third report from the project, following on from the two reports published from the first year of the study (Graham et al. 2014; Lister et al., 2014).
- 1.2. The study aims to increase understanding of the impact of the welfare changes in Scotland as they occur over time, and will assist the Scottish Government in making decisions related to those areas within its devolved responsibility.
- 1.3. The research objectives of the study are:
 - **To obtain baseline information about a sample of 30 Scottish households with direct experience of welfare changes:** The baseline stage of the study involved the selection and recruitment of an appropriate sample of households, and the collection of information from them. The sample selected was of households with common direct experience of welfare changes, but also reflecting some of their diversity with respect to characteristics such as family type, family circumstances, types of benefit received, and geographic location.

- **To obtain follow up evidence on the sample of households about relevant changes to their lives since the first interview:**
This ongoing aspect of the study involves re-interviewing original participants about their family situation, with particular interest in any changes that have occurred, the impacts of these changes and their perception of the reasons for these changes. This information will be collected twice per year over three years.
- To analyse the differences between time points, and potential reasons for these differences, and the implications of the findings for understanding the impact of welfare reform and appropriate responses from the Scottish Government. Reports will be produced for the Scottish Government bi-annually. The study will be used to inform the Scottish Government about significant or emerging problems encountered by households, to assist in them framing their response to these.

1.4. This report covers Sweep 3 of the interviews. It reflects on the immediate and ongoing impact of welfare reform on participants, and also considers the role of support services in mitigating the impact of welfare reform.

Policy and economic context

1.5. The Welfare Reform Act 2012 introduced major reforms to the UK welfare system. The aim of the Act is to improve work incentives for families and simplify the current benefits system. The main elements of the Act that are of particular interest in this research are (Department for Work and Pensions, 2012a; UK Government, 2012; Scottish Government, 2014; Lister et al., 2014):

- **Abolishing certain discretionary elements of the Social Fund at UK level¹**
The elements which were abolished included Crisis Loans for Living Expenses and Community Care Grants. These elements have been replaced in Scotland by the Scottish Welfare Fund.
- **The introduction of a cap on the total amount of benefit that working-age people can receive**

¹ These elements were replaced by the Scottish Welfare Fund

Households on out of work benefits will no longer receive more in welfare payments than the average weekly wage for working households (DWP, 2012a). The cap applies to the combined income from benefits, although some claiming certain benefits are exempt, e.g. certain disability benefits.

- **Introduction of the Personal Independence Payment (PIP) to replace Disability Living Allowance (DLA)**

The key differences with the new benefit are: the absence of an equivalent to the lowest care component of DLA; a stricter mobility test; and the introduction of a face-to-face medical assessment in some cases.

- **Changes to the entitlement for the contributory element of ESA**

Under this change people can now only receive contributory ESA for up to one year if they are in the Work Related Activity Group (WRAG)² or assessment phase. Provisions allowing young people to qualify for contributory ESA without meeting the standard National Insurance conditions have also been abolished.

- **Abolishing Council Tax Benefit at UK level**

The nationally devised Council Tax Benefit has been replaced by locally administered Council Tax Reduction schemes, and subject to a 10 per cent cut in UK Government funding.³ The scheme provides help for people on low incomes or claiming benefits towards their Council Tax bill. In Scotland the Scottish Government fully mitigates the 10 per cent funding cut from the UK Government.

- **The introduction of the 'bedroom tax'**

Through this element of the Act there has been a percentage reduction in Housing Benefit for working age households judged to be under-occupying their property in the social rented sector. This is fully mitigated in Scotland through Discretionary Housing Payments to affected tenants.

² Following a Work Capability Assessment, ESA claimants are placed in one of two groups: those in the Work Related Activity Group are required to attend interviews with a Jobcentre Plus advisor to discuss job seeking activities and may be required to participate in the Work Programme; while those whose disability severely limits what they can do are placed in the Support Group, and are not required to attend interviews.

³ www.gov.scot/Topics/Government/local-government/17999/counciltax/CTR (Accessed 26 February 2015)

- **Changes to Local Housing Allowance (LHA)**

Changes to LHA have included new caps on the amount of Housing Benefit that can be paid, and younger single claimants without dependents can only claim Housing Benefit for private sector accommodation based on the cost of living in shared accommodation.

- **Changes to the uprating of working age benefits and tax credits**

Child Benefit and certain tax credit elements were initially frozen, and thereafter the uprating of working age benefits and tax credits was restricted to 1 per cent for three years.

- **Changes to procedures in the event of a disputed benefit decision by the DWP**

In the event of a disputed decision, the claimant must request a 'mandatory reconsideration' before submitting an appeal. Those wishing to appeal after a mandatory reconsideration must submit their appeal directly to the tribunals service.

- **A new sanctions regime for those on Jobseeker's Allowance (JSA) and ESA**

The new regime: introduced escalating fixed term penalties for repeated failures; extended the maximum duration of a sanction for JSA clients from 26 weeks to 156 weeks; and increased the benefit withdrawn from ESA claimants in the first four weeks of a sanction from 50 to 100 per cent.⁴

- **New conditionality for lone parents**

Lone parents whose youngest child has reached the age of five are no longer entitled to Income Support solely as a lone parent, but could be entitled to JSA, which would require them to look for work. Lone parents receiving Income Support who have a youngest child aged three or four may be required to undertake mandatory work-related activity.

- **The introduction of a new Claimant Commitment related to jobseeker activities**

From October 2013 new claimants of JSA, ESA and Universal Credit sign a 'Claimant Commitment' that sets out the job readiness and job

⁴ www.gov.uk/government/uploads/system/uploads/attachment_data/file/238839/jsa-overview-of-revised-sanctions-regime.pdf

searching activities which they will undertake as condition of receiving their benefits. Claimants may be sanctioned if they are considered to not have fulfilled their commitment.

- **The introduction of Universal Credit**

A number of key means tested benefits such as Income Support, Income Based Jobseekers Allowance (IB-JSA), Employment and Support Allowance (ESA), Housing Benefit and Tax Credits have been combined into one single entitlement called Universal Credit. Problems with the development of the IT system have meant that the roll out of Universal Credit has been delayed; it is currently projected that the majority of claimants will be transferred by December 2019, although this will not include those claiming ESA or tax credits only (National Audit Office, 2014).

- 1.6. The timetable by which the above changes have been implemented is shown in Figure A1.1 in Appendix 1, which also presents data on the number of claimants affected by the changes in Scotland.
- 1.7. The period pertaining to the Sweep 3 interviews occurred under improving labour market conditions. Over the course of 2014, employment increased by 63,000 and unemployment fell by 48,000, with the unemployment rate falling by 1.8 percentage points (Scottish Government Office of the Chief Economic Adviser, 2015). Of course it should be noted that the connection between growth in employment and falls in the benefit caseload is not straightforward, for example because of mismatches between the jobs created and the characteristics of those seeking work.

Structure of the Report

- 1.8. Chapter 2 outlines the study's methodology and presents key statistics on the sample size and characteristics. Chapter 3 presents the research findings with respect to the immediate, ongoing and perceived future impact of welfare reform. Chapter 4 presents the results of a questionnaire module on sources of support with benefits issues. Chapter 5 summarises the key findings, and outlines policy implications and plans for future sweeps of the study.
- 1.9. Appendices to the report are contained in a separate document. Appendix 1 provides further information about welfare reform and the

number of claimants affected in Scotland. Appendix 2 provides an overview of eligibility for and rates of key working age benefits. Appendix 3 contains the interview schedule used in Sweep 3⁵, and Appendices 4 and 5 contain the consent form and information sheet presented to participants at Sweep 1.

⁵ Interview schedules for Sweeps 1 and 2 can be found in the appendices to the Year 1 Report (Graham et al., 2014).

2. METHODOLOGY AND DATA

- Chapter 2 outlines the study's methodology and presents the size and key characteristics of the sample.
- The study utilises a qualitative longitudinal approach in order to best track participants' experiences over time, as the welfare changes are introduced.
- In-depth, semi-structured interviews were carried out with twenty-eight participants at Sweep 3.
- All participants interviewed are currently in receipt of working age welfare benefits, and were selected using a purposive sampling strategy which was designed to reach those in receipt of benefits from across Scotland, and cover a diverse set of household circumstances.

Methodology

- 2.1. The study takes a qualitative longitudinal approach.⁶ Participants have been interviewed three times so far, and will have been interviewed six times by the end of the study.
- 2.2. In-depth, semi-structured interviews have been carried out with participants at all three sweeps. Interviews in Sweep 1 were used to gather baseline information. In Sweeps 2 and 3, the questions centred on the changes since the last interview. Together with the background information collected in Sweep 1, questions could be more tailored to participants' circumstances, focussing on the areas most relevant to them. In Sweep 3 an additional module of questions on the support networks of participants was also included. The focus of these questions was on how services, organisations and individuals support people, and to identify lessons for how services can better meet the requirements of those who need support.
- 2.3. In conducting the interviews, the research team used a topic guide to give a clear idea of the issues to cover. The interview schedule used in Sweep 3 is shown in Appendix 3.⁷ Most questions focused on open responses, providing the opportunity for participants to give rich,

⁶ The rationale for using a qualitative longitudinal approach has been outlined in previous reports.

⁷ Sweep 1 and 2 interview schedules were included in the previous report.

personal and in-depth accounts of their experiences and to raise other issues. This method has also allowed the researchers to build a rapport with participants (this is especially important in helping to minimise sample attrition between sweeps). Interviews were conducted in person, in a private setting in which participants felt comfortable, such as in their own home, or in a more neutral setting such as an advocacy organisation's offices or a café.⁸

- 2.4. Participants were given an information sheet before participating in the study in Sweep 1 (see Appendix 5). Interviewers reiterated this information prior to subsequent interviews and answered any questions that the participant had. Full consent was obtained before proceeding with all sweeps (see consent form in Appendix 4). Interviews were audio recorded where permission was given, and partially transcribed (i.e. relevant content from interviews, such as the households' accounts of their experiences, but not incidental conversation or 'warm up' questions).
- 2.5. No payment for time provided by participants was given. However, participants were given a voucher to compensate for out of pocket expenses, at a rate of £10 per household per meeting.
- 2.6. This study received research ethics approval from Edinburgh Napier Business School's Research Integrity Committee.

Sample characteristics

- 2.7. Twenty-eight participants were interviewed at Sweep 3 of the study. Interviews took place between November 2014 and March 2015.
- 2.8. Forty-three participants were interviewed at Sweep 1. Respondents were initially selected at Sweep 1 using a purposive sampling strategy. The main criterion for inclusion in the sample was that the participant was of working age, and in receipt of at least one of the benefits subject to reform. Consideration was also given to obtaining representation across a variety of characteristics such as age, gender, disability, household composition and urban-rural dwelling. The sample is neither large nor 'representative' enough to draw firm generalisations across all

⁸ One interview at Sweep 3 was conducted by telephone.

people in Scotland. However, the study provides valuable insights into the experiences of those in receipt of benefits and highlights some of the issues faced by specific groups which could be followed up in more depth in other research.

- 2.9. Over the course of the study there has been some ‘drop out’, as was expected. The ‘drop out’ between samples is not permanent in all cases, as demonstrated in Table 2.1.

Table 2.1. Sample attrition

Sweep	Sample size	Reasons for non-participation
Sweep 1 (Sep 2013 – Feb 2014)	43	N/A
Sweep 2 (Apr – June 2014)	35	2 not available this sweep 2 did not meet inclusion criteria 4 could not be contacted
Sweep 3 (Nov 2014 – Feb 2015)	28	4 not available this sweep 5 could not be contacted

- 2.10. Table 2.2 shows the characteristics of the sample over the three sweeps of data collection, and highlights that the attrition has been concentrated amongst certain households. Resampling will be used in future sweeps to compensate for the loss of these characteristics as a result of the sample attrition.

Table 2.2: Overview of sample characteristics

Household characteristic	Requirements for diverse sample	Sweep 1	Sweep 2	Sweep 3	Change between Sweeps 1 and 3
Children	with dependent children under the age of five years	5	2	1	- 4
	with dependent children over the age of five years	16	13	8	-8
	with two or fewer dependent children	16	11	7	-9
	with more than two dependent children	3	3	1	-2
	without dependent children	24	21	20	-4
	lone parent households	10	7	3	-7
	where both parents/carers present	9	7	5	-4
Employment	where members are employed full-time	2	3	3	+1
	where members are employed part-time	2	4	3	+1
	where some members are employed and others unemployed	6	6	5	-1
	where all adults are unemployed	33	22	17	-16
Protected characteristics	households with disabled adults	27	24	20	-7
	households with disabled children	3	2	2	-1
	household with both men and women	19	16	14	-5
	households with working age adults of different ages	19	16	14	-5
	households with ethnic minority adults	1	1	1	0
Location	rural areas	6	6	4	-2
	urban areas (but not cities)	18	15	12	-6
	cities	19	14	12	-7
Gender	Male	17	15	15	-2
	Female	26	20	13	-13
Total sample		43	35	28	-15

Note: Overlapping categories mean that totals within categories may not sum to total sample

3. THE IMPACT OF WELFARE REFORM

- Chapter 3 presents the findings from the third sweep of data collection on the short and longer term impacts of welfare reform on the study participants.
- The chapter presents changes since the previous wave of interviews, the ongoing impact of changes reported in earlier interviews, and attitudes towards anticipated changes.
- Around half of the sample had experienced some change to their benefits since the previous sweep.
- Some respondents reported a more stable financial position relative to the one they had reported at previous interviews. However, it remained the case for most that it was difficult to meet basic needs on benefits or low wages, and many felt their situation to be precarious and uncertain.
- The impact of change on respondents has been emotional as well as financial. This negative impact on well-being was due in part to financial instability, but also to negative or upsetting interactions with the system in the course of applying for or claiming benefits.
- Carers have reported little change in their situation throughout the study. They feel stuck on low incomes, unable to work but only entitled to a small amount of financial support.
- There was considerable trepidation about the move to PIP. Concerns were raised about the adequacy of the assessment process, and the perceived tightening of criteria relative to DLA.
- There was also a widespread expectation and fear of more change to the system in general.

3.1. This chapter considers the immediate and ongoing impact on participants of benefit changes. It also considers expected future changes, their predicted impacts, and attitudes towards them.

The immediate impact of change

3.2. Fourteen respondents had experienced no change to their benefits at since their previous interview.

- 3.3. Three respondents reported a temporary change, but were now receiving the same benefits as previously. Of these, one change had been precipitated by a temporary move into employment but the other two were a result of administrative errors. One respondent had had their ESA temporarily suspended due to an error by DWP (who wrongly identified the money the respondent received for their care package as personal savings); and one respondent's Housing Benefit had been temporarily stopped due to an administrative error by their local authority (who had changed the format of the respondent's address in their records and then stopped payments due to a 'change of address').
- 3.4. Eleven respondents were receiving a different level of benefits than they had at the previous interview. The reasons for these changes were:
- Three respondents had experienced a change in their economic status: from work to JSA; from JSA to work and tax credits; and from ESA to a student bursary.
 - Four respondents had moved from Incapacity Benefit to ESA, capturing the tail end of this migration process. None had needed a face to face Work Capability Assessment (WCA), although in two cases this was as a result of challenging an initial decision that one would be necessary.
 - Two respondents had had a pending issue from a previous sweep resolved or partly resolved: one was now receiving the Severe Disability Premium they had initially not been awarded when they were placed on ESA; and one respondent whose ESA had been stopped was now getting National Insurance credits, but was still engaged in an appeal to claim ESA payments.
 - Two respondents had had minor adjustments to their tax credits, reflecting the lag between a previous income change and the annual change in tax credits in July.

The financial impact of change

- 3.5. In most cases the financial impact of these changes was not severe. In some cases, the change had no impact overall. Where there was a negative effect, this was generally experienced in the transition period between two situations, and had been resolved by the time of the interview. Some respondents had seen an improvement in their situation, for example because their income had increased by moving into work, or being awarded a new benefit. However, even those who

felt comparatively better off still did not necessarily feel financially secure:

“We’re actually doing all right, don’t get me wrong we’re still struggling to some extent, but we’re a lot better than we were last time.”

- 3.6. Those respondents experiencing small changes to tax credits did not report any major impact on their household finances, and those who had experienced temporary changes to their benefits had experienced some financial stress at the time, but ultimately weathered these incidents fairly well, sometimes with some help from family members.
- 3.7. The transition from Incapacity Benefit to ESA had resulted in those affected receiving effectively the same income as before. The migration itself was not straightforward in every case, with respect to the necessary form filling and information gathering, but once awarded the benefit, the actual transition was relatively smooth in most cases. However, in one case it was poorly communicated and did cause problems, when an award letter was not sent until several weeks after the migration had taken place:

“We weren’t told that ESA had been successful, we didn’t know what was happening at all... then all of a sudden we went and there was no money in our bank account, so we phoned them and asked why there was no money in our account... and they said the Incapacity Benefit claim was closed... We were given a number to phone for some centre, who were a bit snooty and cheeky about it, and they said you should have received a letter... but the first we knew about it was when there was no money in the account.”

- 3.8. A respondent who had moved from employment back onto JSA also had some issues around this transition. They had been unaware of the seven-day delay in being able to claim JSA; fortunately they made their claim shortly after being paid, and had enough money to manage on during this period. They also found their local authority slow to react to being notified of the change in circumstances and restarting Housing Benefit. Overall the respondent felt that their situation was more precarious as a result of being back on JSA, and that they were only managing financially because they were also working within the permitted limits.

The impact of change on well-being

- 3.9. Interruptions, delays and changes to benefits did not only have a financial impact on some respondents, but also an emotional impact. One respondent had their ESA payments stopped when the DWP wrongly interpreted the direct payment for their care package as personal savings. The respondent's payments were stopped for two months while an investigation was carried out. Although the respondent's family was able to help them survive this period financially, the emotional impact of the situation was quite severe; they became depressed, and their family were concerned about their emotional state during this time:

"I felt like I was a criminal, I was really depressed for a while, and really paranoid, the fact that they had looked into my bank accounts and I didn't even know, I thought well what else are they doing, am I [under surveillance]? I'm ok now, but at the time I was just really stressed, and I didn't deal with it very well, and I was just hating my disability, and hating the fact that I was on benefits."

- 3.10. Another respondent described the previous six months as the most stressful in a long time. During this time they were co-ordinating their spouse's transition from Incapacity Benefit to ESA. Not only did this not go smoothly, it occurred within a context of other issues that compounded the pressure of the situation. The household struggled to pay utility bills over the winter, and did not receive the warm homes payment as they had in previous years; their application for this payment had been unsuccessful, for reasons that they did not understand. The respondent was also hospitalised during this time, with symptoms that they have been advised may have been triggered by stress. As a result they did not feel able to challenge over the warm homes payment:

"We got a letter to say we hadn't provided enough information so we didn't qualify. So that was a bit of a blow, considering the weather we've had, and it's prepayment meters, so it was a continual struggle over winter. So I don't know why it didn't qualify, but it didn't, and we just weren't in a place physically to challenge, so it's just been left. [If I'd been well] I'd have pushed it, but I was just so worn down with the whole situation, and

there were other things that were more pressing, so it just didn't happen."

- 3.11. Even some respondents whose situations had largely settled down expressed some continuing anger at what they had been through:

"It took less than five minutes [at appeal] for that decision to overturn, and it's wasted nearly five grand of taxpayers' money, just for me to be subjected to that for nine months, worrying. It was affecting my mental health. And I can't understand why if you're appealing, why should you be subjected to work focused interviews? It's as if they don't want to believe."

The ongoing impact of change

- 3.12. This section looks across the data collected over the three sweeps to date (representing a little over a year in time), to establish what has emerged so far about the longer term impact of benefit changes.

Those claiming or attempting to claim disability benefits

- 3.13. Those who had been placed in the Support Group for ESA, without having to challenge or appeal this, had not experienced a great deal of change in their material circumstances over time as a result of the transition from Incapacity Benefit to ESA. Of the eighteen respondents in the sample with a health condition or disability, seven could be said to fall into this category. Although some found the reassessment process itself demanding, the transition ultimately occurred without issue, and in many cases without the need for a face to face WCA.
- 3.14. For a further five respondents, the process of moving from Incapacity Benefit to ESA was more fraught; these respondents were initially placed in the WRAG, but successfully appealed and were placed in the Support Group. Things had now largely settled down for this group, although one respondent subsequently had their benefit temporarily suspended due to an error by the DWP, demonstrating the fragility of any equilibrium that is achieved by those dependent on this source of income. The impact of this instability on respondents' emotional well-being has been notable, with reported levels of well-being strongly linked with the status of their benefit claim.

- 3.15. The remaining six respondents with a health condition or disability were dealing with unresolved issues that had been present since the first interview in late 2013 or early 2014, and in some cases these had already run for several weeks or even months by this point. This group encompassed a variety of situations. For example one respondent was awaiting a second-tier DLA tribunal, having been awaiting a first-tier tribunal at the first interview, which they subsequently failed. Another respondent had an ongoing challenge to a tax credit repayment demand, which by the third sweep was further compounded by a PIP appeal. The respondent argued that this long time frame compounded the stress of the situation, which in turn exacerbated their condition:

“If you are someone who has a disability of this kind, you can’t be waiting months and months to hear whether you’re going to get a little bit of money, and in the process be stressed out which makes your condition worse.”

- 3.16. There has been little evidence that disabled respondents felt that changes to the welfare system have been beneficial to them. The WCA was intended to shift the focus of the assessment process from incapacity to capability; rather than assume that a person cannot work because they have a disability or health condition, it assesses the extent to which an individual could be considered capable of work (Harrington, 2010). This rhetoric was one of empowering disabled people by not assuming they are incapable of work. However, evidence from this sweep, as well as the previous two sweeps, has suggested that this change in emphasis has not been received in such a positive light by the study respondents. Most of those who had been declared fit for work or placed in the WRAG did not feel empowered by the decision; they felt that it had happened due to a failure of the WCA descriptors to capture the way in which their condition prevented them from working, or due to the improper application of these criteria by assessors and decision makers. They did not feel they were being supported into employment, but rather that they were being pushed off benefits.
- 3.17. Furthermore, the process of applying for ESA still required applicants to present themselves in terms of what they could not do. Respondents commented on the difficulty of having to be so negative about themselves on paper; presenting their own limitations in such a stark

way undermined their attempts to stay positive and see themselves as capable:

“You feel like you’re making it sound like you can’t do anything, whereas you can do a lot, and it makes you feel like you’re going backwards in terms of ability... I felt like I can’t do anything on paper! And [advocacy worker] would say yes you can, but you just need to be realistic. You feel like, especially if you’re being reassessed all the time, it kind of makes you feel like you can’t do things, it’s constant.”

- 3.18. Overall, respondents perceived little positive impact of the new system relative to the one it replaced, and the upheaval and uncertainty involved in moving between the two had been a source of stress, as this and previous reports in this study have made clear. There was also a strong sense among those with permanent conditions that regular reassessment was pointless; they could not perceive any benefits to putting repeated strain on people in this way.
- 3.19. These findings reflect those of the most recent independent review of the WCA (Litchfield, 2014). The review noted that attitudes among disabled people towards the assessment process have not softened over time; they have not become used to the new system, nor do they believe that it is being improved.
- 3.20. Respondents with a disability who did want to work did not necessarily feel that being placed in the WRAG was inappropriate for them. However, there was little evidence that recent innovations such as work-focussed interviews for those in the WRAG, or participation in the Work Programme, did anything to help them move closer to work. For those who did not feel capable of work, these obligations were a source of stress without any advantage.

Those with caring responsibilities

- 3.21. For the lone and low income parents in the study, the overriding picture seemed to be that there are two possible states – work or benefits – both of which are precarious and leave the household struggling on a low income. Previous reports in this study have described respondents’ fear of the JSA regime, and their relief at escaping it. However, the stress and guilt of being unemployed had been replaced by stress and guilt over their work and childcare arrangements:

“[Daughter] comes back from school about quarter to 4, I get in about half 5, so she’s in herself, but she can do that now... My mum’s only a phone call away and I’ve got my neighbour upstairs, I just have to do it... the way I look at it you feel guilty either way, if you don’t work you feel guilty about not working cause you don’t give them enough money, and if you do work you don’t get to spend enough time with them, and you are neglecting them slightly by leaving them in by themselves, so you can’t win. So it’s just what I have to do.”

“[Daily breakfast and after school club] is not our preferred option, but it’s the only way we can make things work shift wise... It’s not good... [daughter’s] at school from 8 in the morning till 5 at night, which is not her preferred choice... [after school club] is too noisy, there’s nowhere she can do her homework, which seems crazy to me.”

- 3.22. Moving into work had generally resulted in a slightly stronger financial position for lone or low income parents. However, although respondents reported managing better, they still experienced some financial difficulty, and remained in a precarious situation:

“I’m finding it tight, and I’m having to really juggle things... I’m so aware that it’s a temporary contract and I can’t just dish out money.”

“One of us getting sick, that would just put the complete kibosh on [our arrangements].”

- 3.23. These findings suggest that families are feeling the effects of the substantial income losses incurred as a result of welfare reform, such as the changes to Housing Benefit rates and freezing or limited uprating of benefits. Other research has estimated the average loss due to these policies at £1400 p.a. for a couple with children, and £1800 p.a. for a lone parent, once all the reforms are in place (Beatty and Fothergill, 2015).

- 3.24. The situation for carers by the third sweep was essentially unchanged from the first sweep; all were experiencing the ongoing stress of carrying out caring responsibilities and living on a low income. Although some felt that their local authority had in recent years been making more of an effort to consider the needs of carers, there was a unanimous sense that Carers Allowance itself undervalues carers and

the work they do. Respondents felt trapped on the low income provided by Carers Allowance, unable to increase their income through employment, because their care work is not compatible with employment and is a full-time job itself, but not eligible for any further assistance. One respondent caring for a disabled child had recently been obliged to attend a Work-Focused Interview at the job centre, which they felt was a waste of time:

“Let them get up during the night and all the rest of it and barely have a night’s sleep, and see if they don’t think that’s an actual job... We’ve got it into a routine now and it works, but if [husband] went back to work or I went back to work, I don’t know how it would work. I’ve been called in to have these back to work meetings and the woman I got last time said I don’t know why we’re even reviewing you... I said you find me a job that can work around [daughter’s needs], and she kind of laughed... Fair enough I know it’s my responsibility to look after my child, but it’s hard going, and when you’ve got the pressures of the unemployment calling you in, and I’ve got to go thirty odd miles there and back, and then hospital appointments back and forth, and then you’ve got the added stress of being called into stupid meetings like that... I think for the work we do, we deserve that sixty pounds.”

Expectations of, and attitudes towards, future change

- 3.25. Almost all participants expected some kind of change to their benefits over the coming year, from specific events such as ESA reassessments, to longer term upcoming changes such as PIP and Universal Credit, to more abstract beliefs that some kind of change was likely or inevitable.
- 3.26. By the third sweep of interviews, some participants had already experienced their first ESA reassessment. Those who had previously been placed in the Support Group on the first attempt had managed to do so again. Of those who had previously appealed in order to be placed in the Support Group, one had been re-placed in this group without issue, while four had not yet been reassessed. Two respondents mentioned that they were expecting a reassessment in the near future. Both expressed some concern about the new Mandatory Reconsideration procedure, and the prospect of being without money, or having to apply for JSA during this time. Their previous experience of

having to appeal, and their fear of having their benefit stopped if they had to appeal, meant that they viewed the prospect of reassessment with some trepidation:

“I’m due for a [ESA] review in September...I’m a bit nervous, I feel my mental health starting to go a bit down when I think about it... I’m a bit concerned as well, the next time if I have to appeal, policies have changed and if you appeal they stop your money... so that’s one of my worries as well, if I appeal, they might stop my money.”

- 3.27. Respondents who were receiving DLA were mostly aware that they would be reassessed for PIP, but had not been given any specific notification of when this would happen. Two respondents had already started the application process for PIP, having previously been rejected for or not claimed DLA. One respondent had just recently applied and was awaiting an assessment. They felt that many of the criteria were relevant to their situation, more so than had been the case with DLA, and so was relatively hopeful that it would be awarded. The other respondent who had applied for PIP had already been rejected at the assessment, and was awaiting an appeal. They had found the process difficult to reconcile with the way that their condition affected them, and were not optimistic about a successful outcome:

“They kept asking me questions like ‘on average’ and ‘what percentage of the time do you feel like that’, and I kept saying I can’t, it doesn’t work that way... She has had absolutely no training in people with mental health problems. I knew the system was going to be bad, I knew it didn’t really work properly for people with mental health problems. I didn’t realise it was going to be as awful as it was. The whole process made me more depressed. They dragged it out, did the mandatory reconsideration, dragged it out, we’ve now got the appeal in a few weeks... I haven’t even been able to look at [the appeal paperwork] because it’s stressing me out so much, but I have to do it because it’s in 3 weeks’ time ... At the moment I doubt highly that I’m going to get it.”

- 3.28. Among those waiting to hear about a PIP reassessment, attitudes towards the change varied. Two respondents said they were relatively confident that their need for support would be recognised by the new system, but others could not estimate their chances of a successful application, or expressed doubt about whether it would be awarded.

- 3.29. Two main types of concern about PIP were identified. The first was about the ability of a brief face to face assessment to capture the impact of fluctuating or hidden disabilities. One respondent hoped that sending considerable amounts of medical evidence would obviate the need for an assessment, as it was not clear to them what additional information could usefully be gathered from what they were expecting to be a brief interview. Another respondent was concerned that the process was not going to capture the reality of their son's condition:

“Unless they're very good assessors they're not going to understand [son's] problems... It's very difficult because you're keen for his benefit not to over-exaggerate it, and we don't, in fact if anything sometimes we understate it. But you really have to live with him, because it's little things like [his strange behaviours].”

- 3.30. The second type of concern was around the PIP criteria themselves. Respondents expressed some concern because they had heard that these criteria were more strict than for DLA, and that this might result in losing their entitlement:

“I know the criteria is way harder under PIP than it was under DLA... I have a fluctuating condition, I have good days and bad days, so we'll see.”

“DLA recognises my disability with visual impairment, because campaigners pressured [the previous government] to give visually impaired people high mobility, and that's still in place with the DLA, but with PIP it's withdrawn... That's my fear about PIP, that I'm going to lose some of the descriptors.”

“I don't really know much about the PIP thing, except that the criteria seem to have been, the distance that you can walk has been tightened up, basically if you can stagger a step or something, and that's worrying me. And I'm thinking what on earth is the point of reassessing me? ...In theory I could walk about... but I don't know where I'm going, I could fall off kerbs, walk into people, all sorts of things, but I've a feeling that PIP won't take that into account.”

- 3.31. These concerns expressed by respondents about PIP are similar to those raised in the recent independent review of PIP (Gray, 2014). The review identified concerns on the part of claimants and their

representatives that the impact of fluctuating and mental health conditions may not be appropriately addressed, and questioned the potential effectiveness and transparency of the assessment process.

- 3.32. The loss of this benefit as a result of the transition to PIP potentially had a considerable financial and practical impact on respondents. Some relied on their DLA payments to cover the cost of household bills, or to enable them to get around and manage on a day to day basis:

“You’ve got to prepare for the worst case scenario, and for me that would be the worst case, if they took away my DLA completely, I would be completely snookered, financially and everything.”

“[PIP] is a big worry, because we’re just covering the basics at the moment, so for any change or reduction there’s a big anxiety.”

“Losing the car is the main concern because that would be a major problem.”

- 3.33. One respondent also noted that the delay in the roll-out of PIP was itself a source of stress:

“It’s always in the back of your mind that it’s coming, and it’s going to have to be dealt with. And the constant moving, I wish when they said they were doing it two years ago they just got on with it, rather than drag it out and keep moving it and moving it... who the hell knows when it’s coming? But it’s been a constant hassle for people all this time. Very unfair.”

- 3.34. Although respondents’ concerns about losing their DLA entitlement were hypothetical, and they may ultimately be awarded PIP, the UK Government’s own estimates are that the projected total PIP caseload will be 500,000 lower than it would have been with DLA, a fall of around twenty per cent (Department for Work and Pensions, 2012b). This therefore implies that, if successful, the replacement of DLA with PIP will result in a loss of entitlement for some claimants. It is estimated that 120,000 working-age individuals in Scotland will be adversely affected by changes to DLA, with an average loss per affected individual once PIP has been implemented of £2600 p.a. (Beatty and Fothergill, 2015).

3.35. Regardless of whether they were expecting specific changes, there was a sense among respondents of change more generally being inevitable. Respondents' experiences of welfare reform over the previous few years, in conjunction with ongoing political rhetoric about continuing change, meant that changes to benefits was something that was expected in the abstract as well as specifically. This made it difficult for those reliant on benefits to plan or to relax:

“You can't say, well, if I do this I'll be ok for the next year, you cannot know that, because things are changing so often, which makes it hard to relax.”

3.36. Respondents' previous experiences made them nervous about upcoming changes, and in some cases even reluctant to challenge decisions or apply for other benefits they might be entitled to. One respondent, who had previously had to appeal a rejection for ESA, felt extremely cynical about PIP, partly as a result of these experiences, and also what they had heard about others' experiences. Three respondents mentioned that they had not applied for something they might be entitled to, despite struggling financially, out of fear that they could end up with less. They preferred to struggle on a known amount rather than take this risk.

3.37. This lack of trust in the continuity of the system, and fear about the future, could be said to be one of the most enduring impacts of welfare reform for respondents.

4. THE ROLE OF SUPPORT IN MITIGATING WELFARE REFORM IMPACTS

- Chapter 4 presents the research findings from a module on formal and informal support mechanisms that can provide help and support with benefits issues. Respondents were asked about their past experiences of different sources of support, their present networks, and where they might go for support in the future.
- This chapter presents respondents' experiences of the advantages and disadvantages of different forms of support, and the barriers to accessing them.
- Respondents accessed a range of sources of support, for a number of different reasons. No one type of support was identified as the 'optimal' source; what respondents used depended on what their issue was, what was available to them, and what they felt comfortable using. However, some types were perceived as more useful than others.
- Many respondents had successfully accessed support to resolve an issue with benefits. What respondents found helpful was timely and accurate advice, delivered by well-informed, trustworthy and approachable professionals. Local authority (and housing association) welfare rights services were cited as particularly helpful sources of advice and support, alongside specialist Third Sector Organisations.
- The role of health and social care professionals in signposting entitlements and services, and in supporting benefit applications, was also highlighted as important.
- However, a number of barriers to accessing support were also identified, including accessibility, waiting times, and not knowing about services that could help.

Accessing help and support

- 4.1. Claiming benefits encompasses a journey from initially finding out about entitlements to being a claimant, with the application process – and sometimes an appeals process – between these two states. Some types of support can offer help with all of these stages, while others have a more specific role.

4.2. Respondents had all accessed different types of support, for different reasons, and with varying degrees of success. All respondents had approached at least one source of help with benefits issues. Three groups could be identified:

- Five respondents used support in a fairly limited way; accessing online information, or perhaps using a telephone helpline if specific issues arose during the claims process.
- Twenty respondents had approached a general welfare advice service or third sector organisation (TSO) for more specific or intensive support. Seventeen had received support from this type of source, while three had been unable to resolve their problem. In many cases these respondents had also received help from other sources such as a website, a health or social care service, or by contacting their local political representative to look into issues on their behalf.
- The remaining three had received the majority of their support with benefits issues through health or social care services with which they were involved.

4.3. Respondents had also made use of more informal peer support networks, and had access to support through friends and family, to varying degrees. The sample was heterogeneous with respect to the sources of help they had approached and the reasons they had done so. Therefore this section will look in turn at each type of support, and consider the issues with which respondents approached these types of support, their degree of success in doing so, and the limitations of each type.

Government helplines (e.g. DWP, local authority)

4.4. Respondents had contacted the DWP with enquiries about JSA or ESA, HMRC for enquiries about tax credits, and their local authority for enquiries about Housing Benefit or Council Tax Reduction. Telephone helplines had been used in general as a first point in querying or seeking clarification over a particular issue. Respondents had sought an explanation for payments that had been missed or stopped unexpectedly, or clarification of correspondence that was unclear, either because it conflicted with previous correspondence, or because its meaning or the financial breakdown contained within it was unclear.

- 4.5. Respondents' experiences of government helplines were mixed; although in general the required information was forthcoming, in some cases those at the other end of the phone were perceived to have been rude and unfriendly:

"To be fair [the local authority] are 98 per cent very good. You get the odd one who's having a bad day, but 98 per cent of the time they're very helpful."

"[The tax credit helpline] is horrendous to deal with. They do not want to be in that job. They're very abrupt, they can't be bothered talking to you, they're just not nice people to deal with, so it's hard to find out that way."

- 4.6. One respondent said they felt too intimidated to phone DWP; in the past they had got someone to phone on their behalf, and would do so again:

"I would just freak out... Because they make life harder, I've heard a lot of stories about people trying to get through to them, and I just don't want to, because I know that would cause me a lot of stress, so I try to avoid it."

- 4.7. The helpline operators did not always have the required information. They were most adept at answering specific and relatively straightforward enquiries; less so with more complex issues or more generic enquiries. One participant reported that they received conflicting letters from DWP, but that the helpline has been unable to advise regarding which ones contained the correct figures. Another reported that they had phoned DWP to enquire whether they might be entitled to additional support, but were not able to obtain a definitive answer. One participant commented that in their experience, although the telephone operators have the technology to perform individual calculations, they do not necessarily know how the system as a whole works, and cannot answer questions on this. One barrier to getting complex problems solved is that a caller is unlikely to speak to the same person twice, so there is a lack of continuity:

"You never get the same person twice. If there was a point of entry where you could be allocated someone to talk to, at least you'd have some continuity – that you were dealing with the same person. But when you're going from person to person, and they say 'I'll leave a note on the file', and the next person leaves

another note, and then eventually someone who says there's no notes on this file. It's obviously not the most satisfactory situation."

- 4.8. The other issue with telephone helplines, which several participants noted, was that they could be extremely time consuming and expensive for callers.

"The council is a local number, tax credit is premium, which is a bit of a, considering you're phoning up for these things."

"I've seen me trying to get through because I've not had a payment...you can be on the phone for an hour or so just trying to get through to them."

"It was a struggle but I got the form filled in, I think I actually did it over the phone initially, and then they send you it all out... but it's a stress trying to work out, give them all the details, and having to sit on that automated system, drives me nuts, and of course you get charged for those calls."

- 4.9. Those without a landline phone also highlighted that accessing these numbers via a mobile phone could be more expensive and less reliable due to poor signal.

MP, MSP or councillor

- 4.10. Five respondents mentioned that they had consulted a local representative (MP, MSP or councillor) with an issue related to the benefits system. In three cases this had led or contributed to the successful resolution of the issue in question, in one it had not, and the final case was still pending at the time of interview.
- 4.11. A key advantage of approaching a political representative is their ability to escalate individual cases and bring them to the attention of those higher up than the low-level decision makers who handle most decisions. One respondent had got their local councillor to persuade their local authority to look again at their application for a Discretionary Housing Payment (DHP), which had already been rejected twice, despite their eligibility due to having an adapted property. This intervention resulted in them successfully obtaining the DHP. Another respondent's MP raised a case regarding exemption from the bedroom tax in Parliament, which resulted in a personal intervention from the

Prime Minister who wrote to the relevant local authority to confirm that the respondent should be considered exempt under the legislation.

- 4.12. A political representative could also lend some weight to dealings with government agencies. One respondent reported that an issue with backdated ESA, for which they had been waiting some time, was very quickly resolved after a telephone call from an MSP's caseworker.
- 4.13. However, whether consulting a representative is a useful thing to do was also partly dependent on the political affiliation and interests of the representative themselves. One respondent, who had approached their MP about being threatened with sanctions at the Jobcentre, did not feel that their MP cared about their situation, and it was not useful to them in resolving the issue. Another reported some discomfort in approaching their MP because they were not from their preferred political party.

General welfare advice services

- 4.14. Eight respondents reported that they had used their Local Authority welfare rights service, two reported using the welfare rights service offered by their housing association, nine had approached a Citizens Advice Bureau and three had used other local initiatives that provided advice on benefits issues. Respondents approached advice services in general for support at significant junctures: applying for a benefit (in particular those moving from Incapacity Benefit to ESA); appealing a failed application for a benefit (including those appealing to be moved from the WRAG to the Support Group); or faced with a sanction or the bedroom tax. A couple of respondents had also approached an advice service about issues with debt or their mortgage.
- 4.15. Local authority welfare rights services were particularly highly praised by those who had used them:

“They set the benchmark basically – I think they are the place to go.”

- 4.16. Most said that they were able to arrange an appointment quite easily, although one respondent reported a long waiting list in their local authority. The welfare rights teams were able to help with tasks such as explaining entitlements and regulations, filling in forms and providing representation at appeals tribunals. Box 4.1 contains two case studies

of how respondents were successfully supported in challenging decisions that had been made against them.

Box 4.1: Case studies of Local Authority welfare rights support

Case 1: The welfare rights team helped the respondent with the transition from Incapacity Benefit to ESA. They helped the respondent to fill in the initial application form and provide the appropriate information. The respondent was initially found to be eligible for ESA, but placed in the WRAG, despite medical evidence suggesting that they should qualify for the Support Group. This information had been provided, but was not correctly interpreted by the DWP decision maker. However, the welfare rights team helped the respondent with the paperwork for their appeal, and put them in touch with an organisation who could represent them at the tribunal. The matter was quickly resolved at the tribunal, and the respondent was put in the Support Group.

Case 2: The welfare rights team helped a JSA claimant who had been sanctioned for 'non-attendance' at signing on (the appointment had been rescheduled the previous day, but the Jobcentre denied this). Getting an appointment was quick and straightforward. The respondent was appointed a representative who assisted with drafting the appeal and represented them at the tribunal. The appeal was successful, and the respondent felt that it would not have been without this support.

- 4.17. Key to the perceived success of the welfare rights service was the knowledge and professionalism exhibited by the employees. The ability to provide some continuity of service was also appreciated:

“They took [my ESA appeal] basically from the start right through, and the good thing about that was that it was the same person who helped me right from the start, right through to representing me at the appeal.”

- 4.18. Some respondents also cited their Housing Association as a good source of support with benefits issues. Welfare rights officers within the housing association were able to offer similar services to tenants as the local authority services. One participant reported that the welfare rights officer from their housing association was able to fill in the necessary forms for the transition from Incapacity Benefit to ESA, and for their subsequent appeal to be moved from the WRAG to the Support Group. Another participant was impressed that their housing association proactively wrote to them when the bedroom tax was introduced, with an explanation of how to apply for a DHP.

- 4.19. Local third sector organisations providing advice on benefit issues were also identified as a source of support. One respondent was receiving support from such a service regarding an appeal against being rejected for PIP, and another reported that they had been assisted in their application for a Blue Badge. One respondent who had used a local service in the past commented that this type of initiative can have advantages:

“It’s the type of area that needs something like that and they have been there for fifteen years, maybe more. It’s a long standing thing so people know where to go.”

- 4.20. Respondents’ experiences with Citizens Advice Bureaux (CAB) were more mixed; although some had received good support, others had not. One participant reported that someone from the local Citizens Advice service had visited their house to assist them with filling in an application for ESA, which they had found useful, although the respondent had also expressed some doubt as to whether the service had adequate resources to do the same if an issue were to arise now. Another participant was currently receiving support from their local bureau with an appeal against a demand for repayment of Income Support, and they remarked that they had found the CAB to have a good breadth of knowledge, and had assigned someone with the appropriate expertise to help.

- 4.21. However, others expressed disappointment with their experiences of trying to access advice from CAB. Two respondents reported being given wrong information, and they along with others expressed some distrust as to whether the information they received at a CAB would be accurate. Those who had used local authority welfare rights services as well expressed a strong preference for going to a professional welfare rights officer rather than a “well-meaning amateur”. There was reported variation in the quality of advice not only between bureaux, but also within them, depending on who was available that day:

“It depended on who you got [at CAB], sometimes you would ask for help with a form and it would look like it had been filled out by a two year old... And you’d make an appointment with somebody who’d helped you before, and you’d turn up and they weren’t there.”

- 4.22. Some bureaux offered the facility to make an appointment, although not necessarily with a specific advisor. Others did not offer this at all, which made accessing the service more arduous, as it involved longer waiting times, and made it more difficult to arrange someone to accompany them:

“The only problem is you can’t make an appointment, so you have to just queue up outside, I was about an hour each time waiting. We got there [half an hour before it opened] just to queue up... It would have been easier [to make an appointment], because my mum came with me and she had to go to work. But it probably wouldn’t work because they decide on the day who is the most suitable person to deal with [each client].”

- 4.23. Some respondents also reported long waiting times for accessing CAB services, and a perception that the service was simply not suitably well-resourced to offer high quality support and advice:

“I couldn’t sleep at night, I couldn’t wait ten, twelve weeks... Horrendous waiting list... It’s not CAB’s fault, it’s because all of a sudden you’re left with 100,000 people in [local area] who need help because their benefits have been stopped.”

“Citizen’s Advice is meant to be good, but you can never get to talk to them because they’re so busy. [I haven’t tried to get an appointment] for a long time, but I’ve heard from friends who say you’re not going to get through, it’s not going to happen. They do their best, but they are a charity.”

“There’s enough artillery on the other side of the fence, if you put a foot wrong you’ve got the whole power of the state against you! But when you need a bit of help there’s not a lot there. One of the big problems is that they can be understaffed and under-resourced, and they can be totally overwhelmed.”

Health and social care services

- 4.24. For most of the respondents claiming ESA, their GP, and in some cases specialists, had played a role in their application by providing supporting medical evidence. A key strength of medical involvement in an application is that medical professionals have the specialised knowledge and terminology surrounding people’s conditions, and can communicate this to the DWP in a way that a lay person perhaps cannot:

“I didn’t get a medical for ESA, because I’ve got a really good GP, who said if I go to that...my symptoms are going to be really bad. And [DWP] actually listened.”

- 4.25. Some respondents had more informed and proactive GPs than others. In some cases their GP had informed them about benefits and support services:

“I’d been self-employed, and I hadn’t bothered getting any benefits because we were getting the Child Tax Credits, and I wanted to try and keep the business running. And the doctor when we were discussing it, he said are you on ESA or any benefits, and I said no, and he went ‘you what?’... It was the ESA he told me to claim, so I made a claim at that point.”

“He asked if I would like to get in contact [with specialist organisation], and he actually came up the day I was meeting [support worker] because having to sit and tell a stranger things, it can be a wee bit daunting at times. So [my doctor] came up with [support worker], and after the first visit it was fine, and it was every month I saw her.”

- 4.26. However, others reported that their GP knew little about the system. Constraints on resources also meant that GPs were not always able to offer the help they potentially could, such as providing or co-ordinating evidence in support of a benefit application:

“I spoke to my GP about [my ESA review], and I can understand what she was saying – ‘look, we’re GPs, to add on all this pressure...’, and I get frustrated that I have to keep going back to my GP to get all these letters, I shouldn’t have to keep constantly proving my disabilities to these authorities. Once they know I’m not going to improve they should leave it, but I still have to keep going back.”

“The last time they were very proactive. Whether she would be the next time I don’t know, because with the health changes they’re only getting to see you for a few minutes. I used to have half hour appointments... I don’t know what’s going to happen when these benefits are up for renewal, because they just don’t have time.”

- 4.27. For respondents who receive visits from carers or support workers due to ongoing support needs, this was cited as a source of help or

signposting for benefits issues. Two respondents reported that their support worker had helped them to fill in their benefit applications, and another said that their requirement to attend an ESA assessment was withdrawn after their social worker had contacted the DWP. One respondent initially received benefits advice through their daughter's special needs school, who also put them in touch with a key worker, who they had found to be well-informed and has helped the respondent to apply to sources of support they had not been aware of.

- 4.28. Most of those in the study who were receiving or applying for disability benefits did not have this kind of ongoing support, but for those who did it was an important source of help with benefits issues.

Third sector organisations supporting specific groups

- 4.29. Another source of help with benefits was third sector organisations (TSOs) that offer wider support to those in specific circumstances, such as having a particular disability, but who could also help and advise on benefits issues. Nine respondents had received help with benefits issues from such an organisation; three from an organisation dedicated to their particular illness or condition, two from a wider disability organisation, two from advocacy groups, one from an organisation that supports parents and one from an employability provider. These respondents had all received help in person; a further three respondents mentioned that they had gained useful information from a newsletter sent out by a relevant TSO.
- 4.30. Issues dealt with included, but extended beyond, help with benefit applications and appeals. For example one respondent was able to get someone to accompany them to a work-focussed interview at a job centre, which they had been extremely anxious about.
- 4.31. Being proactive in finding out about change and suggesting options to service users was also a key strength. For example one respondent had thought their son would not be entitled to ESA, but the organisation with which their son was involved suspected that he would be, and filled in the forms on his behalf, resulting in him being placed in the Support Group.
- 4.32. Another respondent commented that what was particularly useful about the TSO with which they were involved was that they knew about other

support services that were available, and brought them in to talk to the service users. The respondent had personally benefitted from being put in touch with charity that deals with debt issues, as well as another that offered advice on reducing utilities costs.

- 4.33. Depending on the format of the service provided by the TSO, there was in some cases an opportunity for those using the service to meet others in a similar situation. This had given them access to many of the benefits of peer support and the exchange of useful information (see section on peer networks below).
- 4.34. Although most of those using employability services were doing so to move off rather than claim benefits, one respondent had received useful support and information regarding benefits in the transition to work. The employability service had explained to the respondent about tax credits and how to apply for them, and also about the four week Housing Benefit run-on available for those moving into work. The service had also helped the respondent to obtain food vouchers to help bridge the five week gap between JSA ending and their first wage. After moving into work they also periodically received follow up calls to see how they were managing.
- 4.35. One respondent summarised the key strength of TSOs as a combination of good, specialist knowledge and ongoing support to resolve issues:
- “They [service for disabled people] spend time with people on a one to one basis, they keep up to date with what’s happening, they’re very proactive in finding out what’s down the line, and they will spend a great deal of time with someone trying to resolve their problem.”
- 4.36. Most respondents who mentioned TSOs as a source of support with benefits issues had successfully received help from the organisation they approached. However one respondent, who had approached a debt charity due to issues around mortgage arrears, did not, as they reported that the organisation were unable to offer any advice beyond cutting expenditure. The respondent did not feel that this was possible, and was frustrated with this outcome.

Online information

- 4.37. Twelve respondents mentioned that they had got information about benefits online (taking information from a website as opposed to being involved in peer networks online, which is discussed further below). Most used these in conjunction with other types of support, although four respondents said this was the only source of help they had used.
- 4.38. Sites typically used included national and local government websites, as well as independent sources of information such as the Benefits and Work website.⁹ These sites offered information about entitlements, and useful supporting information to use when filling in forms, such as further information about the criteria against which they were being assessed, or a more in-depth explanation about what the questions meant:

“I’ve done my own research... I see what criteria they’re looking for and I adjust my application accordingly.”

“They give you a pretty good tutorial about how to [fill in forms].”

- 4.39. However respondents also reported that the information available online was sometimes of varying quality or insufficient depth. Key to good online information was the ability to access accurate and in depth information:

“There’s a lot of stuff online, Direct Gov¹⁰ is usually pretty good, but sometimes they don’t go into the detail. I found one local authority website from England... everything they put is detailed and has explanations.”

- 4.40. However, online information was not a suitable form of support for all respondents, some of whom did not have the confidence or IT literacy to access information this way, or whose disability prevented them from using IT:

“No, normally I go face to face with welfare rights officers, I wouldn’t be able to cope if I was doing it online, I much prefer face to face.”

⁹ <http://www.benefitsandwork.co.uk/>

¹⁰ This website has now been incorporated into www.gov.uk.

“I’m not good looking at a screen for any length of time. After about half an hour my eyes start getting sore, my head gets sore... Scrolling stuff actually makes me feel quite nauseous.”

Peer networks

- 4.41. One source of informal support was the peer network; support via a group of other people going through similar experiences. This is largely distinct from support of family and friends who are not in the same situation, although the distinction is not watertight; respondents had met people through support groups who had become friends, or had introduced friends experiencing similar issues to peer groups.
- 4.42. Eleven respondents said that peer support groups were a useful source of support with benefits issues; six were part of groups that met in person, four were members of online networks, and one respondent was part of both. Most of those using online groups had some sort of mobility limitation, so this was an important way for them to access this type of support. In many cases, support flowed both to and from respondents, or even predominantly from them.
- 4.43. The groups had been formed in different ways; some deliberately around welfare issues, others around more general issues affecting particular groups, and some which had a different purpose but nonetheless provided opportunity for a forum of people experiencing similar issues (for example a drama group for people with disabilities).
- 4.44. Effective peer support groups drew on a pool of experiences to create a rich and free resource to help those experiencing benefits issues. However, although information was exchanged, the primary benefit of these groups was to share experiences of, and see how others had experienced, welfare reform, rather than to be a source of in depth or accurate information about policy change. This was an important kind of emotional support for those going through difficult situations such as appeals.

“A lot of people on there have experiences of their own mental and physical health, so it’s people’s experience with the benefit system that they can then share. There’s people there who work within the system who can help, but it tends to be the mutual support more than anything.”

“It may not be the most accurate place to get information, but it’s a place you can talk to people who have been through these experiences”.

“When you know somebody’s in the same boat, it maybe takes a bit of the panic off.”

- 4.45. There were however some downsides to being part of support groups. One respondent commented that one of the online groups they were a member of had a tendency to be very negative, and that this undermined their own attempts to keep themselves positive. Furthermore, although reading others’ experiences made respondents feel less alone, there was a sense that it was also contributing to their anxiety about welfare reform; respondents often made reference to stories they had heard online or through their networks when discussing their own concerns about future changes.

- 4.46. Three main barriers emerged to setting up and maintaining a successful peer network. The first was the recruitment of organisers capable of contributing the necessary time and energy on a long-term and consistent basis. This is particularly challenging with disability networks:

“There are a lot of people who’d like to help but they’re physically not good.... You’ve just got to be empathetic about people’s conditions, but my concern is the continuity and future development of [organisation]. That’s where we need people who are unobstructed by life’s challenges from a physical point of view... we don’t necessarily take advantage of all opportunities to recruit people.”

- 4.47. The second barrier, particularly with a view to helping people deal with benefits issues, was that not everyone is comfortable discussing financial issues with strangers. The third challenge was letting those who do wish to talk about these issues know that relevant groups exist. One respondent said that a network that they were involved in advertised with posters in a hospital that most of those with the relevant condition attended. Another respondent said that they might try to advertise the network they were involved with in the newspaper, although observed that the most obvious way to alert those with benefits issues to local sources of support would be to include a list of these in communications from the DWP.

Family and friends

- 4.48. For the majority of respondents, friends and family, where they provided any support, were a source of emotional support in dealing with the stresses of the welfare system, rather than a source of information or advice. Those with the strongest informal support networks had friends who could offer quite intensive emotional support, even if they did not themselves know the answer to an issue:

“I arrived [at a friend’s] in tears, I was so stressed out I couldn’t sit and work [Housing Benefit] out, so she sat down with me and did all the calculations... I didn’t want to go up to the Council offices but she said no we’re going, let’s get this sorted. There’s people around me who’ll do that.”

- 4.49. In most cases, respondents’ family and friends simply did not have the knowledge or experience to offer practical help or advice. In some cases this lack of experience translated into a lack of sympathy, and an inability to offer even emotional support:

“[My sister] is not clued up that way, she doesn’t know enough about [benefits]. She’s always worked, people who’ve always worked don’t know what it’s like not to work, so they don’t understand how you can be skint. My older brother’s a workaholic, he’d think nothing about spending money on whatever he wanted, and they don’t get that you can be struggling.”

“If anyone’s giving advice it’s me to them...It’s very isolating, but fortunately we’ve got Facebook groups so we can share information on that.”

“They’d be useless because none of them have ever been on the dole. I come from that kind of family... when I think about it, there’s not really any member of my family that’s unemployed, they all work and they always have worked... Most of my friends are working. I do have one friend that’s not working, but she’s got a young child, and she’s on her own and got no family... I do [offer her advice]”

- 4.50. There was also an issue of not wanting to discuss personal issues such as finances in depth with family members. Some found it easier to detach completely from their personal life and talk to a stranger:

“The good thing about [general advice service], as opposed to having family and friends that you can count on, is that sometimes you don’t want people that close to you to know the ins and outs of [your condition]. So you do have that anonymity, that security that you’re not having to explain X, Y and Z to family or friends.”

“I feel my mum and dad don’t really see how the system has changed, they’re of the mentality that you’re entitled to it, why do you need to go through all this... they don’t understand that you’re part of a bigger system... So [getting help with forms from an external organisation] was something I was in control of, and it was separate from my family life, so [staff member] was a big help with that.”

- 4.51. Some respondents simply did not have friends or family members they could turn to for help or support with any problem, welfare related or otherwise. This may have been because their families were dead or estranged, or present but unwilling or unable to help, or in some cases mobility or health issues limited the extent to which they were able to have social interaction with others. This type of informal support, whilst extremely valuable to those that received it, was simply not an option for others.

General issues

- 4.52. Although many of the issues arising here are specific to the type of support being accessed, some general themes emerged about looking for support, and the barriers that might be encountered to doing so.

The desire for ‘insider’ information

- 4.53. All the different forms of support discussed above had different contributions to make to the support needs of the respondents. However, beyond the specifics of the type of support respondents used, some commonalities emerged in what respondents were looking for, and why the support they received was valuable to them.
- 4.54. Two key aspects of this support emerged. The first was the need for support to relieve some of the cognitive strain of the demanding process of interacting with the benefits system, the application process, and in

many cases subsequently challenging the decisions of the system.

- 4.55. Secondly, and perhaps more crucially, respondents valued being able to obtain what they saw as ‘insider’ information about the application process. They wanted someone to translate documents and communications from the language of the benefit system into words they understood, and in some cases in the other direction as well, employing the right terminology to best communicate their situation to the DWP:

“I’ve always found it’s much better to have someone who’s got expertise and the terminology.”

“She actually offered to do the submission, I said you don’t need to do that, I wrote the submission, sent the draft to her, and she added some comments to it... so I thought it was worthwhile that she reviewed my submission, and I would do the same with PIP.”

- 4.56. Respondents spoke about being able to obtain information about what the questions on a form ‘really’ mean – something they perceived as some sort of deliberately hidden information – and how the benefit criteria related to their own personal circumstances:

“That’s where the website is good because what you think they’re asking, it’s specifically phrased in a way that you think they’re asking for something other than they are. So the tick boxes are really the wrong way round, it’s nasty.”

“The great thing is they’re very good at pulling out information you wouldn’t think of adding... She then sent me two copies, one to send away and one to have, and the wording, everything about it is fantastic, you couldn’t ask for more.”

Barriers to support

- 4.57. Different types of support also had different barriers to access, but a number of barriers emerged more generally to accessing support. The first point to consider is that seeking help with benefits was not necessarily the first priority of those in need of finding out about and applying for entitlements. Although some respondents had lifelong conditions, for others the need to apply for benefits had been precipitated by a life event such as an injury or falling ill, or a

relationship breakdown. Thus in some cases, dealing with the immediate consequences of these situations was the first priority, and it was only later that respondents began to address issues such as benefits.

“I must admit when I was diagnosed and for a long time after that the focus was on maintaining my work, maintaining my family life... and it was only latterly when I was made redundant that I actually went to [organisation]... I probably should have [gone earlier], I think it would have benefitted me significantly. Not only from a physical point of view... but to get advice and knowledge in terms of benefits.”

“Initially [it did not occur to me to seek benefits advice], because I was in shock! And even though I stopped work, for the first few months I could barely walk, it was three months before I was able to walk any distance... So at the time I hadn't even thought about it, because I was just so in shock [and had a little bit of holiday pay]... I never really thought about it until later on.”

- 4.58. The second barrier to accessing support is physical accessibility. Some respondents struggled to leave their house, and so visiting an advice service or TSO was not necessarily an option for them. Given these issues, being able to access support over the phone had been helpful to some. However, even for those without mobility issues, the option to address minor issues with a quick telephone call instead of a service visit was appreciated:

“One of the good things about it is that if you phone up, you can actually get advice over the phone. So it might be something that can actually be dealt with over the phone, and if not you can make an appointment to go and see someone and things like that. But a lot of it can be done over the phone.”

- 4.59. Three respondents with limited mobility had also appreciated receiving a home visit from a welfare rights or advice service.

- 4.60. One reason the respondents did not necessarily seek out advice in the first place, even if they were struggling, was pessimism about what they might potentially be entitled to, and the perception that it would not help:

“Much as there are a lot of benefits available, it's really for people who don't have any savings, so I'm excluded from those... I think I've already been there and done that. You can

continue going round and round a lot of different organisations but it gets to a point where... if you have savings it's difficult to achieve that."

"I suppose I could have gone to citizen's advice... but when I went to the job centre, there wasn't any advice [about what I could apply for], so I just took it that I wasn't entitled to it."

"I consider my situation very clear cut and straightforward. If you've got part-time job and you've got a family, then other things come in, but I don't have any of that, I'm not disabled, so I think I'm very easily categorised. So I'm not aware of whether there are things out there I should be aware of. I don't think there are."

- 4.61. In some cases respondents may have been correct that they were not entitled to any further benefits. However, in some case respondents' distrust of the system meant that they did not want to trigger any changes to an arrangement they had in place by making an enquiry:

"I'm in the avoidance phase at the minute, I'm putting my head in the sand and hoping it'll go away, but it is there. I don't know, I maybe should ask somebody. I'm just so happy that I'm being left alone, I don't want to cause more waves."

"I wouldn't go to any organisation. You learn not to do that, because you go there with a specific thing and then things grow arms and legs...people mistrust them."

- 4.62. A further barrier to support was difficulty in admitting to someone that they had a problem. This was not a huge issue in this sample, as in most cases the urgency of a need for help had outweighed any inclination not to go. However, some talked about being initially wary:

"The first time I went [to local authority welfare rights about debt issues] I felt so mortified... there was a woman who was very, it probably wasn't her it was probably the way I was feeling, so whether it was me feeling that or her I don't know, how could you be so silly... I felt naïve, and I felt as if she was kind of judging me, like she was thinking I can't believe you let this happen, but it was probably me feeling that way."

"I was a bit wary at first, but I'm glad that I did approach them, because they've been a big help... it's the depression, the anxiety I had at the time I was referred, it was like someone new

to talk to, new people, you just want to close in on yourself, you can't go it... but if I'd known what it was like I wouldn't have shied away from it. It took me a few weeks to make the call, and then it took a while for them to get in contact... [they were] really warm and welcoming, they don't push you to do anything, they tell you what they've got and let you make a choice."

- 4.63. Respondents appreciated and felt most comfortable with services that were professional, but also approachable, friendly and trustworthy:

"I think just the whole ambience of the place, the staff are very trustworthy, very caring, just about everyone loves their job, they love working there... so yeah, I've been going there so long now that I think the first place I would go for advice would be someone there."

"I find their attitude is very professional, they're very good at what they're doing, and I think I have faith in them."

Publicising sources of information and support

- 4.64. A final issue around support was the need to make more people aware of their entitlements and sources of help available to them. As one respondent put it, with regard to information about benefits:

"It isn't posted on walls for you, you have got to find it. It's not there for people."

- 4.65. In many cases, respondents had found out about advice and support services in quite a haphazard way; services were mentioned in passing by acquaintances, or in one case a respondent had happened to notice, while driving around, a poster on a side street advertising a relevant service. Respondents felt that this kind of information should be more widely advertised; public places such as GP surgeries and libraries were suggested, the more sources the better in order to reach the widest audience:

"It would be better if it was more in your face, because a lot of people won't ask, they might think they'll look silly... or they just don't like to ask for help."

"I have never seen an advert [about disability benefits on the television]. They keep very quiet about all these things, and I think there must be a lot of people who are entitled to disability

benefits but don't know they are... It's all very well saying go to citizens advice or read the Benefits and Work website, but when you don't know these things exist?"

5. CONCLUSIONS

- This chapter presents the key findings from Sweep 3 of the study.
- It goes on to discuss the implications of these findings for policy, in particular around the way in which claimants could be better supported in navigating issues with the benefits system.

Key findings and policy implications

Issues encountered in dealing with the benefits system

- 5.1. Problems were identified with the language used on official forms. When completing an application for a benefit, respondents did not always find it obvious what information the question was seeking to elicit, and most had felt the need to seek some clarification on this.
- 5.2. Respondents applying for disability benefits also reported the difficulty of presenting themselves in a negative light – emphasising everything they could not do – for the purposes of applying for benefits. This negativity undermined their own attempts to be positive and see themselves as capable. However, it should be acknowledged that in practice it may be difficult to frame the questions on official forms in a positive way, as entitlement to disability benefits is based on the inability to do certain things for oneself.

Policy implications: Forms should be reviewed by a panel of applicants, in order to test the accessibility of the language, the clarity of the requirements, and the appropriateness of the questions. When determining what information should be sought during the application, the benefit of additional information should be set against the increased strain on the applicant, and in the context of the overall burden of the form. Supporting information should be provided alongside forms, or at least clearly signposted, rather than left to the applicant to obtain for themselves.

- 5.3. Some respondents felt that their ESA assessment did not adequately capture the impact of their health condition or disability on their ability to work. In particular, it was felt that the impact of ‘hidden’ or fluctuating conditions was not adequately understood and captured in the process. For example, whether a person can carry out a particular activity may depend on how their condition is affecting them at that particular time; therefore a simple ‘yes or no’ question is not an appropriate way to elicit

information about the impact of their condition. These experiences with ESA meant that respondents were similarly concerned about the ability of the new PIP assessment to capture the impact of their condition on their daily lives.

Policy implications: Reflexivity and responsiveness to feedback from claimants regarding the appropriateness of the assessment criteria and process should be built into the disability benefit system. Although the current system ostensibly does so, via its regime of regular independent reviews, policymakers should demonstrate clearly how they have responded to this feedback.

Consideration also needs to be given to the suitability of polar questions in capturing the effects of fluctuating conditions. Entitlement to a disability benefit should not be predicated on the applicant being able to quantify a fluctuating condition, or attempt to predict its future course; this is simply not possible in some cases. Rather, the impact of the disruption and uncertainty created by a fluctuating condition should itself be taken into account as a limiting factor

- 5.4. The process of being assessed for disability benefits was stressful for respondents; even those who had been successful found the process arduous. Respondents also emphasised the futility of repeat assessments for unchanging conditions, and could not understand why they were subjected repeatedly to these stressful situations when their prognosis was that they would not improve.

Policy implications: Repeat assessments should be limited only to those whose condition is expected to improve. Even for those in this category, frequency of assessment should be balanced against the cognitive and emotional toll of assessment on respondents.

- 5.5. Official errors and long delays in awaiting decisions or progress with cases caused substantial financial and emotional upset for affected respondents. Poor communication from benefits agencies, about benefit decisions and changes, also caused stress and uncertainty for respondents. These have been consistent themes throughout the study.

Policy implications: Mistakes should be minimised, but are inevitable to some extent; so how the relevant agencies respond to these situations is important. Their response needs to be efficient, and should give claimants a reasonable benefit of the doubt. In the event of a dispute, assumption of liability should be with the state until the matter is resolved, and there should be an interim payment in place. All systems should be regularly reviewed to ensure that they are performing as efficiently and accurately as possible and continuous improvement in efficiency and accuracy sought

There is a need for much improved official communication about benefits and benefit changes, not only by DWP, but also by Local Authorities around issues such as council tax. Those who will be affected by changes should receive clearer information about what will happen, and when, during the transition to a new benefit. Communication of decisions should be clear and unambiguous.

- 5.6. Respondents (in particular lone parents and those in the ESA WRAG) reported increased pressure to seek work as a result of changes to benefit conditionality, but no improvement in the support available to them to move into work. Jobcentres were described as places of conflict rather than help, and the Work Programme was not found to be particularly helpful by those participating in it. Respondents reported feeling either written off or pushed into unsuitable jobs, while their own skills, interests and constraints were given little consideration.

Policy implications: The primary purpose of Jobcentre Plus should be to provide meaningful support rather than enforcing conditionality. At present this support role is in conflict with its enforcement role. The Work Programme also needs to be reassessed, especially for disabled people.

- 5.7. Those applying for benefits were often dealing with a number of other issues at the same time, such as poor health or disability, living on a low income, relationship breakdown, bereavement and other stressors. These compromised their ability to engage successfully with the process.
- 5.8. Respondents' perception of the application process for benefits was that they felt inherently under suspicion. Those who had been refused a benefit, or accused of not trying hard enough to find work, , felt insulted by the implication that they were lazy, or lying about the nature of their condition or their attempts to find work. This was upsetting and damaging to their self-esteem.

- 5.9. Changing benefit criteria, or intensified requirements upon benefit claimants, have represented a threat to many respondents' incomes, and this has caused a great deal of stress and anxiety. There is a great deal of mistrust in the system and fear of future change.

Policy implications: The application and appeals process should be founded on the assumption that the applicant is genuinely in need, and potentially experiencing a range of life stressors that might constrain their ability to tackle the application process. It should be acknowledged that applicants might have few resources to fall back on, and that even temporary loss of benefit could have a substantial negative impact.

Financial insecurity and its impact on well-being

- 5.10. Around half the sample had experienced a change to their benefits since the previous sweep. These had been triggered mainly by moving onto new benefits, changes in circumstances, and errors by officials. In most cases, issues caused by these changes had been resolved and had caused only temporary upheaval, although they occurred within a context of considerable income insecurity for the individuals concerned.
- 5.11. Some respondents who had reported problems in previous interviews, such as having to appeal a decision, had noted at the time the considerable impact that these events were having on their financial and wider well-being. By the time of the third sweep, these issues remained unresolved for a few respondents, and this long time span compounded the negative impact that the situation had on their financial and emotional well-being of those affected. Those who had managed to positively resolve their issues reported that their situations had largely settled down.
- 5.12. Respondents who had moved into work reported an improved financial situation, but for many even being in work is a difficult and precarious situation. Whether in or out of work, participants found it difficult to meet basic household needs with the income provided by benefits, or by a wage supplemented by tax credits. Even temporary difficulties occurred within a context of considerable income insecurity for the individuals concerned.

Policy implications: This demonstrates the importance of recourse to crisis funds, and access to support and advice to help manage change and adjust to new situations.

- 5.13. Respondents felt an underlying sense of precariousness and worried about any equilibrium becoming undermined by a job loss, changing benefit criteria, or change in household circumstances, causing them a great deal of stress and anxiety. There is a great deal of mistrust in the system and fear of future change.

Policy implications: Upheaval in the form of changes to the system should be minimised. Language and policy rhetoric should be carefully considered, as it may affect the degree of fear with which change is viewed by those affected.

- 5.14. Carers reported little change in their situation over the three study sweeps. All articulated a similar sense of feeling devalued, and stuck on a low income, unable to work but only entitled to a small amount of financial support.

Policy implications: The amount payable to carers does not value the work that they do, nor acknowledge their constraints on taking paid employment, and should therefore be increased.

The use of external source of help and advice by respondents

- 5.15. Respondents accessed a range of sources of support, for a number of different reasons. No one type of support was identified as the 'optimal' source; what respondents used depended on what their issue was, what was available to them, and what they felt comfortable using. However, some types were perceived as more useful than others. Table 5.1 summarises the key features of the different types of support.
- 5.16. Respondents sought advice and help with paperwork and procedures at certain key junctures in their interactions with the benefit system; when applying for benefits, and in the event of wishing to appeal against a decision. Respondents appreciated the way in which support could ease the burden of these demanding processes. They also felt that advice services acted as an interpreter in some ways, translating the language of the benefits system and helping them to understand what was required of them. Some respondents were also able to have a representative with them in situations such as appeal tribunals, thus providing them with both practical and moral support in situations that they found intimidating. They felt that this increased their chances of a successful outcome.

Table 5.1: Key features of different types of support

Type of support	Type of issue approached with by respondents	Advantages (as identified by respondents)	Disadvantages/barriers (as identified by respondents)
Government helplines (e.g. DWP, local authority)	Query regarding a particular issue, clarification of communications	Adept at answering specific and relatively straightforward enquiries	Telephone operators can be perceived as rude and unfriendly. Not always able to help with more complex or general problems Expensive and time consuming
MP, MSP or councillor	Support when something has already been rejected, other avenues generally exhausted ('last resort')	Representative can escalate issues Can add weight to dealings with government agencies.	Representative may not be interested, or may not be from their preferred political party.
General advice services (e.g. Local Authority welfare rights, Housing Association, CAB, other local advice initiatives)	Support with applications and appeals	Support can be very good – especially Local Authority and Housing Association welfare rights teams	Support from organisations can be patchy – some received useful assistance, others noted poor quality advice or long waiting lists.
Health and social care services (e.g. GP, support worker, home carer)	Ongoing, from letting service users know about entitlements to helping them through the applications process (depending on role – e.g. GPs supply medical information, support workers can help with forms)	Useful and important point of contact with services. Can be a source of ongoing support	Support can be patchy e.g. GPs do not always have the necessary time or expertise to help.

Contd. overleaf

Table 5.1 (contd.)

Type of support	Type of issue approached with by respondents	Advantages (as identified by respondents)	Disadvantages/barriers (as identified by respondents)
Third sector organisations (e.g. organisations supporting people in specific circumstances – parents, those with specific conditions/disabilities or ill/disabled people more generally)	Source of advice and support with claiming process, and sometimes more specialist help (TSOs can tailor this to their client group's needs)	Proactive and well informed organisations can pass on knowledge via service delivery Possibility of meeting others in a similar situation (depending on service provided)	Not knowing they exist Finite scope to help
Online information (various sources – UK and local government websites, Third Sector organisations)	Finding out about entitlements and supporting information when filling in forms	Some respondents prefer to get information in this way	Information of varying quality and depth IT barriers
Peer networks (in person or online)	Wanting to hear about experiences of those in a similar situation (benefits related or otherwise)	People do share information – potential free source of knowledge Emotional support through hearing about similar experiences	Some find it difficult to share personal experiences Hearing others' experiences can add to anxiety Relies on people being able to maintain groups Not knowing groups exist
Family and friends	Emotional support	Provides emotional support	Family and friends may not be knowledgeable about benefits issues, and in some cases not sympathetic Some find it difficult to discuss personal issues with family

5.17. Advice services are offered by a number of different types of organisation, including general advice services such as local authority or housing association welfare rights services, Citizens Advice Bureaux (CAB), and through specialist Third Sector Organisations (TSOs). Of these, local authorities and TSOs were found to have been generally well-informed and helpful. Experiences of the services provided by CAB were more mixed, with some respondents finding the service to be under-resourced and not always of satisfactory quality.

Policy implications: The findings of this study demonstrate a range of situations in which people might seek advice. It also shows that there is no ideal or 'one stop shop' solution; advice needs to come from a range of services. It should be considered how services that are currently perceived as not operating effectively can be improved. This is particularly important for CABs which form a large part of the support infrastructure.

5.18. Some sources of support were more trusted than others. Some respondents were afraid to ask for advice in case it triggered some change in the benefits they received. For this reason, more 'official' sources such as a Jobcentre Plus or government telephone helplines were not always trusted by respondents. However trust was not determined solely by the type of source of advice; it also came from a perception of competence and accuracy.

Policy implications: It is difficult – perhaps impossible – for services to be both an enforcement agency and a source of advice, from the point of view of approachability and gaining the trust of service users.

5.19. Health and social care professionals played a key role in accessing benefits for many respondents, alerting them to potential entitlements, and supporting the application process, in particular through the provision of specialist information. GPs also play an important role in providing and co-ordinating relevant information with regard to disability benefit applications. However, there was some variation in the extent to which respondents reported these professionals to be well-informed and helpful in this regard.

Policy implications: There should be more joined up practice between health, social care and welfare services. Health and social care professionals do not have to be experts, but should at least be aware of the kind of support that people might be entitled to and referral mechanisms between health and social care, and advice services, should be established. Lessons could be learned from the 'Healthier Wealthier Children' project - a partnership approach between health, local government and the voluntary sector to addressing child poverty across NHS Greater Glasgow and Clyde.¹¹

It is also necessary to recognise and support the role of GPs in providing necessary information to support an application for disability benefits.

5.20. Advocacy played an important role for some of those seeking to challenge a decision. Respondents who had received representation at an appeal, from a local authority welfare rights officer or an advocate from a TSO, were grateful for this, and felt that it contributed to a successful outcome. Local representatives such as MPs, MSPs and councillors also played an advocacy role for some respondents, in pursuing and escalating issues. However, one respondent reported that their MP had been uninterested in their issue, and another reported some discomfort with approaching an MP who was not from their preferred political party, suggesting some limitations to the use of representatives in this way.

Policy implications: All those experiencing issues with benefits should have access to appropriate advocacy services if they need them. For some people, the ability to raise or escalate issues may not be fully met by local political representatives. Fair and supportive independent appeal and advocacy processes are important.

5.21. Respondents generally sought advice when prompted to do so by some change or event; they were unlikely to seek proactive advice about entitlements. Some respondents had been reluctant to seek advice about entitlements due to scepticism that they would be entitled to anything, although in some cases they may simply have been unaware that they were.

Policy implications: As well as providing a reactive service, a comprehensive advice service should have a proactive element – including efforts to raise awareness both of entitlements and sources of help.

5.22. Respondents were not always aware of advice services, or of entitlements more generally. This was especially the case around ongoing changes to the benefits system; in particular the more subtle but nonetheless important

¹¹ See for more information: <http://www.nhsggc.org.uk/your-health/campaigns/healthier-wealthier-children/documents-and-publications/> (Accessed 30 April 2015).

changes, such as the increase in the waiting time for JSA from three to seven days.

Policy implications: Different ways of advertising services and entitlements should be considered; different media, different types of places and services, public and private venues, etc. Robust referral arrangements with advice services should in place across the public service landscape. Signposting should also be part of the responsibility of those imposing the changes.

5.23. Respondents' experiences with advice services have suggested some characteristics of good quality advice; namely that it is available quickly, and that the information is accurate and complete. Respondents also favoured continuity; having access to the same adviser until their situation was resolved.

Policy implications: These findings can help to identify best practice for those providing advice, and what is very important to get right. Advice should be timely and accurate, provided by well-trained and approachable staff, with whom users can have some continuity, where this is helpful and appropriate to the situation. This quality element is key to the service being helpful. Not all providers are sufficiently competent and well-resourced to provide this high quality service.

5.24. Some respondents chose to access advice services in person, while others appreciated the availability of help provided online or over the telephone. Not all forms of help were physically accessible to all. Those with disabilities or those in rural areas could not necessarily access support services in person. Others were unable to access information provided online because they did not have the confidence or IT literacy to access information in this way, or because their disability prevented them from doing so.

Policy implications: Best practice is to provide support in multiple formats – in person, by telephone, on paper and online – in order to reach those who may not be able to access one or more of these formats. Online information can provide a useful source of support, but it cannot replace other delivery modes completely.

The next stage of the study

5.25. The study will continue to interview participants for another three sweeps. Resampling will be used to correct sample attrition; this will be concentrated amongst participants with the characteristics that have seen the greatest degree of attrition. The next round of interviews (Sweep 4) will cover the following topics:

- The ongoing impact of welfare reforms (and associated uncertainty) that have already affected participants, and whether participants have been affected by any changes to the welfare system that have occurred, or started to affect them, since the previous sweep;
- The potential effects of any announced policy changes following the UK General Election on 7 May 2015;
- Any changes in household composition or tenure;
- Any changes in the employment status of the participant or other household members, and changes to the sources or amount of household income;
- The physical and mental/emotional wellbeing of the participant and other household members, and whether this is different to the previous sweep.

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